

NC Department of Public Instruction
Tier I Problem-Solving

Student Name:			NCWISE/SIMS#			Date:		
Teacher:		DOB:		Grade:		Retention(s) - Specify Grade Level(s):		
Attendance for last five years Present/Enrolled		Grade Level __	Grade Level __	Grade Level __	Grade Level __	Grade Level __		
Area(s) of Concern (attach PEP or Instructional Consultation Student Documentation Form, if available)								
Language Arts ___ Phonemic Awareness ___ Word Identification ___ Sight Word Vocabulary ___ Reading Comprehension ___ Reading Fluency ___ Written Expression ___ Writing Mechanics ___ Writing Conventions ___ Other		Mathematics ___ Basic Math Facts ___ Computation ___ Problem-Solving ___ Word Problems ___ Geometry ___ Measurement ___ Probability/Data ___ Analysis ___ Other			Behavior ___ Noncompliance ___ Motivation ___ Attention span ___ Peer relationships ___ Withdrawn/moody ___ Overactive ___ Verbally aggressive ___ Physically aggressive ___ Other		Other ___ Medical (area: _____) ___ Motor Skills ___ Speech/Language ___ Social Skills ___ Withdrawn/Moody ___ Anxiety ___ Vision ___ Hearing ___ Other	
Current Levels	Reading:		Math:		Writing:		Date of Vision Screening: Results: Far: Near:	
EOG Scores	Grade __		Grade __		Grade __		Date of Hearing Screening: Results:	
Name and Address of Parent/Guardian								
Services Received: ___ Small Group Instruction ___ Individual Instruction ___ Counseling ___ Title I ___ 504 Accommodations ___ Community Services ___ ESL/LEP/ELL ___ Occupational Therapy ___ Speech/Language Therapy ___ Physical Therapy ___ Reading Lab ___ Math Lab ___ Tutoring ___ Other (please specify: _____)								
Additional Comments/Information/Teacher Observations								

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Describe Parental Concerns/Involvement in Plan Development:			
Define the problem (What's the problem?)			
Problem Analysis (Why is the problem occurring?) Hypothesis			
Plan Development and Implementation (Specify the instructional strategy, including a measureable goal statement. Implementation specifics: Who? When? Where?)			
Evaluation (Did it work?)			
How is the student performing in comparison to his/her peers?			
Baseline (current level of performance):			
Benchmark (desired level of performance):			
Instructional Plan Results: (Did it work) Attach Progress Monitoring Data			
Beginning Implementation Date:			

Decision:	Date of Decision:		
<input type="checkbox"/> Continue Instructional Plan	<input type="checkbox"/> Modify Plan	<input type="checkbox"/> Discontinue Plan	<input type="checkbox"/> Move to PSM Tier II
Rationale for Decision:			
Meeting Notes:			
Attendees:			
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